

Physical Therapy: **Black Hole** **or** **Best First Choice?**

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NC Industrial Commission

BreakThrough
PHYSICAL THERAPY
Newest Research, Fewest Visits, Best Results

BreakThroughWorks
HEALTHY WORKERS FOR LIFE



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Your 1st Impression



Black Hole





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Best First Choice?



PT Issues/Problems



Overutilization

Crypt Keeper gets a Tan



Too much Passive vs. Active Treatment

- Shake n Bake?
- HUMmer Therapy (Hot Pack, Ultrasound, Massage)?
- Press and Guess?
- Research shows Active Treatment more Effective

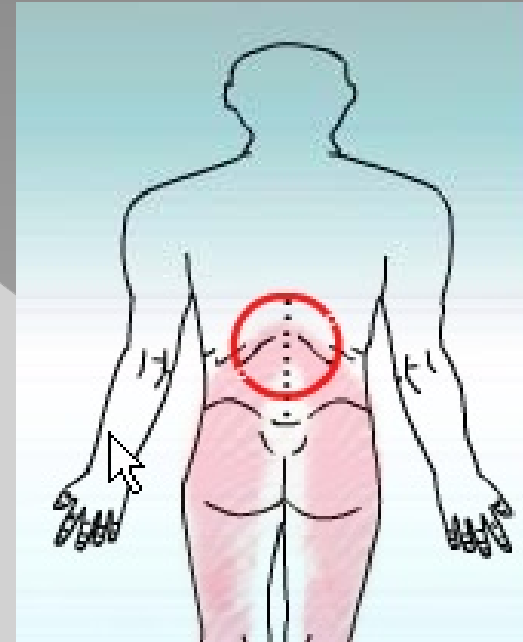
Too Much Variation

7-8% people affected by
appendicitis at some stage in
their life



CMF

80% people affected by LBP at
some stage in their life



TFT

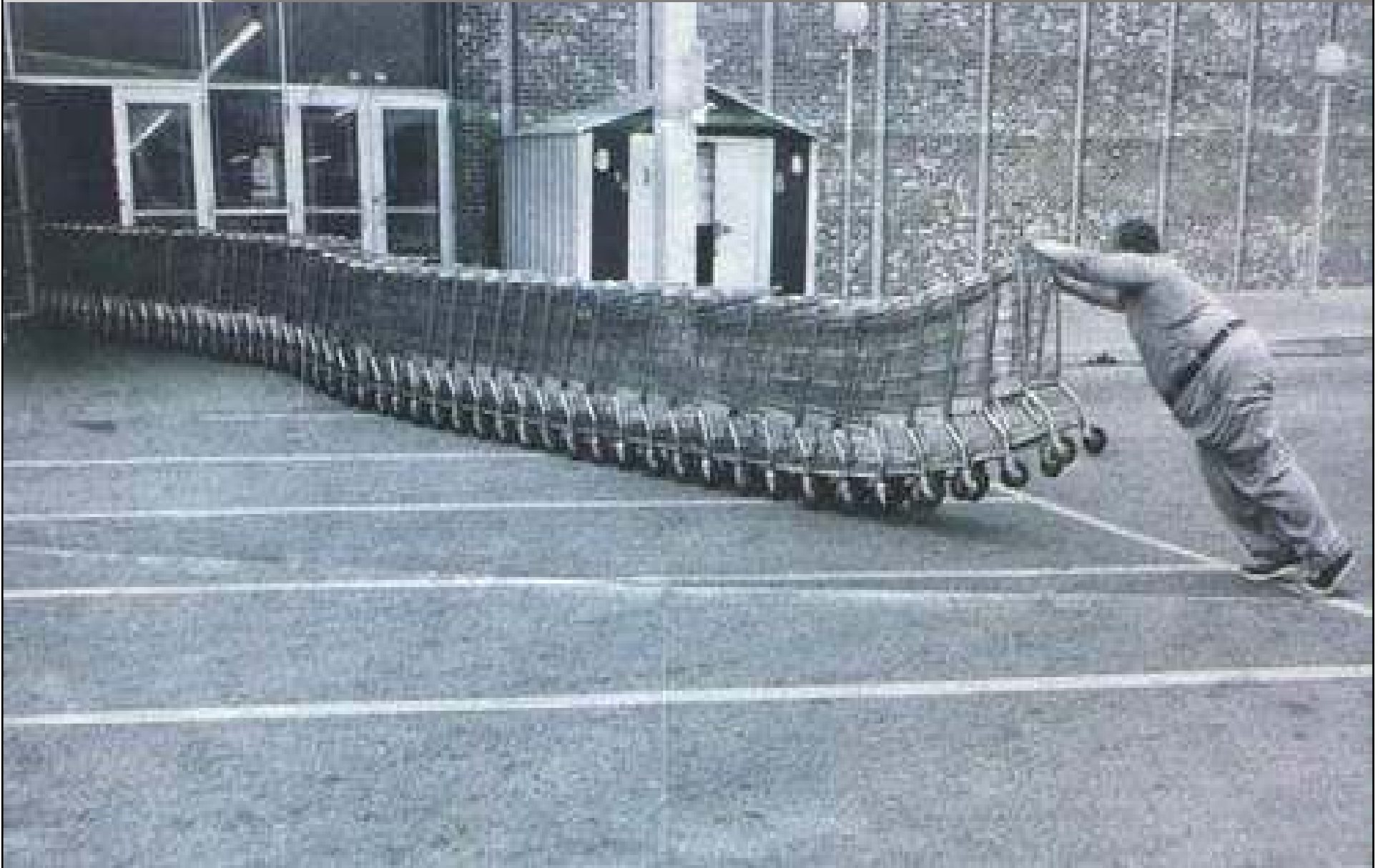
Poor Referral Reasons

- Part of the MD or Hospital Revenue System
 - Integrated Business Model
- Part of a Network (of lowest bidders)
 - Production Model

Production Model vs. Quality



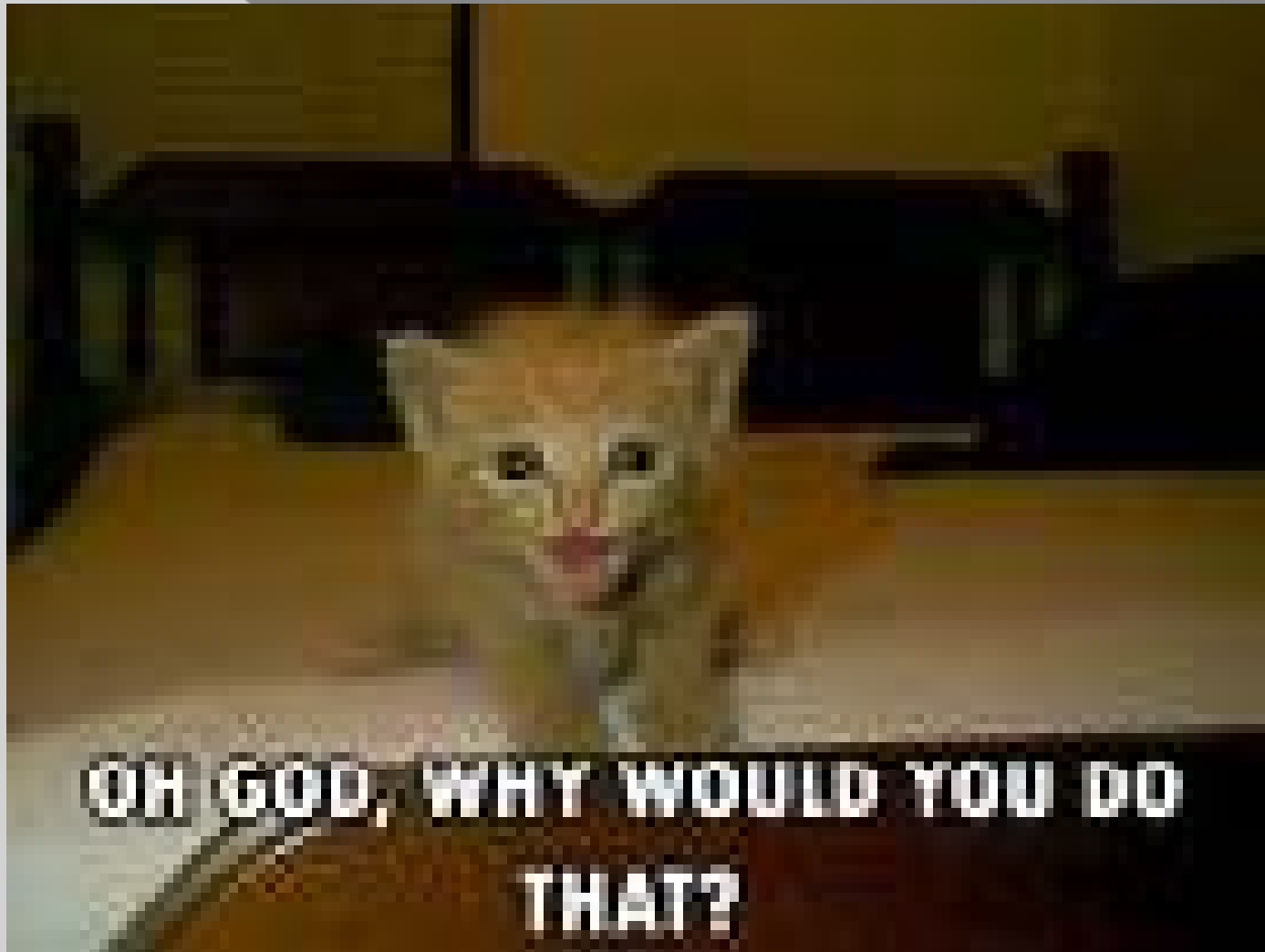
The Result is NOT Quality



Lack Of Evidence Based Practice

RAND study in the NEJM found that only 55% of the time in the US Healthcare System do you get best practice!

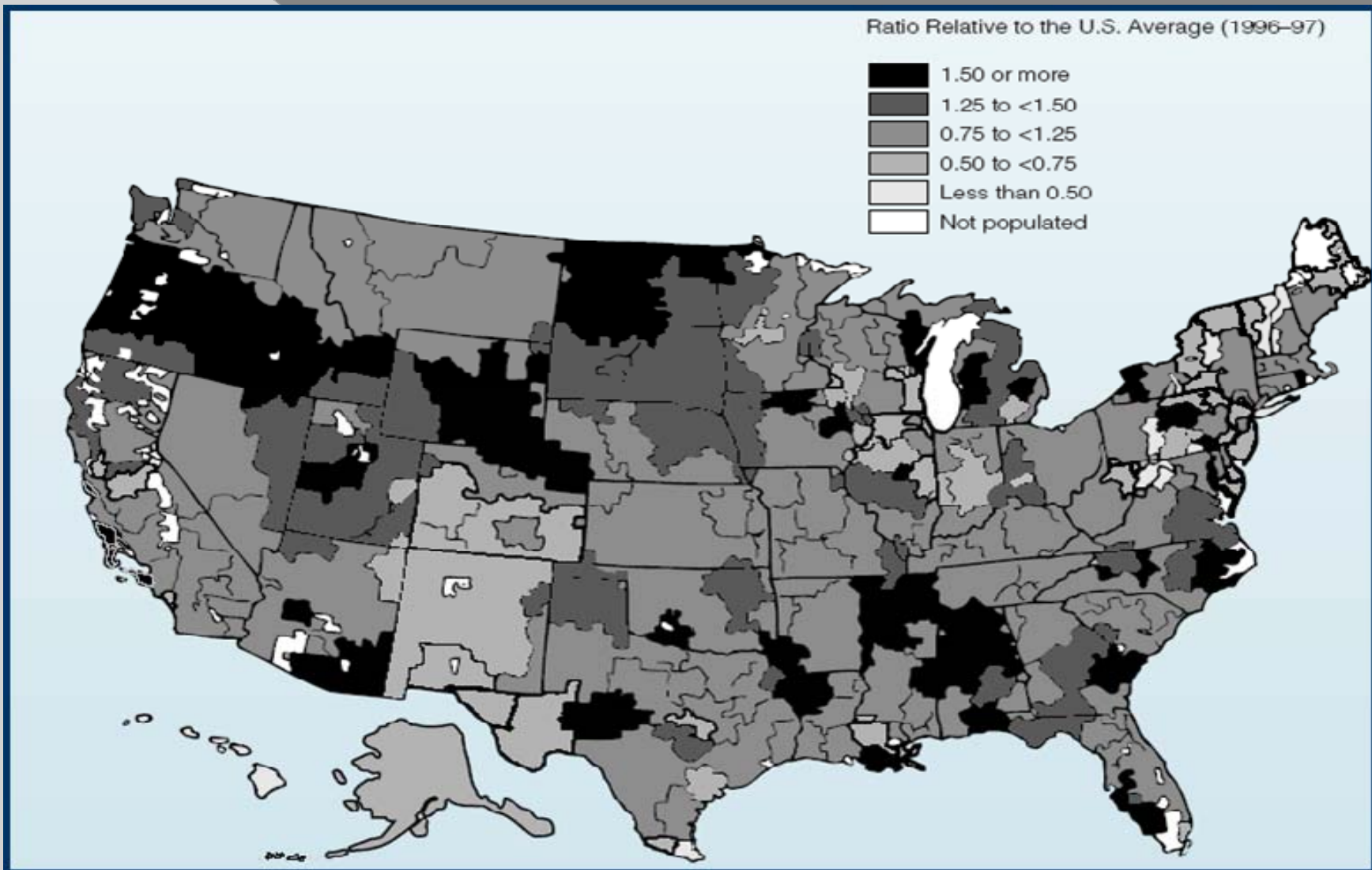
Anecdotal vs. Evidence Based Practice



Low Back Pain

- At least 80% of LBp is non-specific
- Surgery at 2 years no different than conservative approach (Spine Patient Outcomes Research Trial, or SPORT)
- Geography more of a determination than Symptoms/Findings

Care Based on Experience, Schooling and/or Latest Con't Ed



North Carolina Data

- What % of workers who are out of work greater than 7 days for Low Back Pain had surgery (according to WCRI)?

33%

WCRI

“In Arkansas, North Carolina and pre-reform Tennessee, workers with disc conditions were not only more likely to receive surgery, but also had surgery performed early—within six weeks postinjury. More frequent early surgery in those states was inconsistent with evidence-based treatment guidelines that recommend surgical options being considered only for patients with severe and persistent radicular symptoms after 4–6 weeks of conservative care.” –

Website Abstract - *Interstate Variations in Medical Practice Patterns for Low Back Conditions*

MRI Myths



- Many w/HNP and no pain
- Can make a case worse
- Belief that more is better
- Many insurers now requiring PT first if no red flags

NSAIDS Ineffective



**Evidence Based
Practice (EBP) is a
Major part of the
Answer**

What is it?

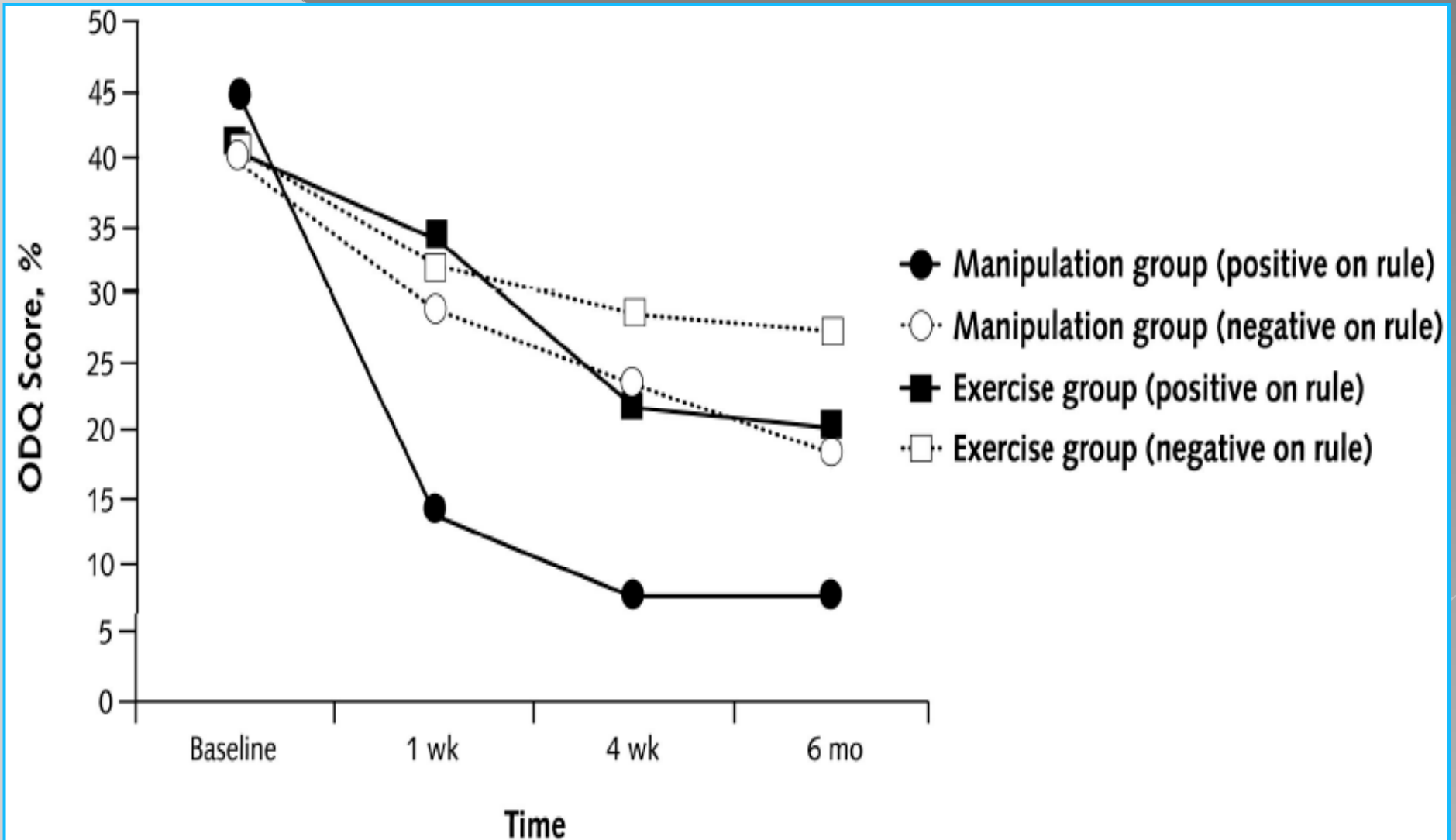
- Does it Matter?

- Look at Low Back as an Example

Research says treat LB based on Classification System – NOT Diagnosis

- Preferred Directional Exercise
- Manipulation/Exercise
- Stabilization
- Traction

Classified Correctly is Key

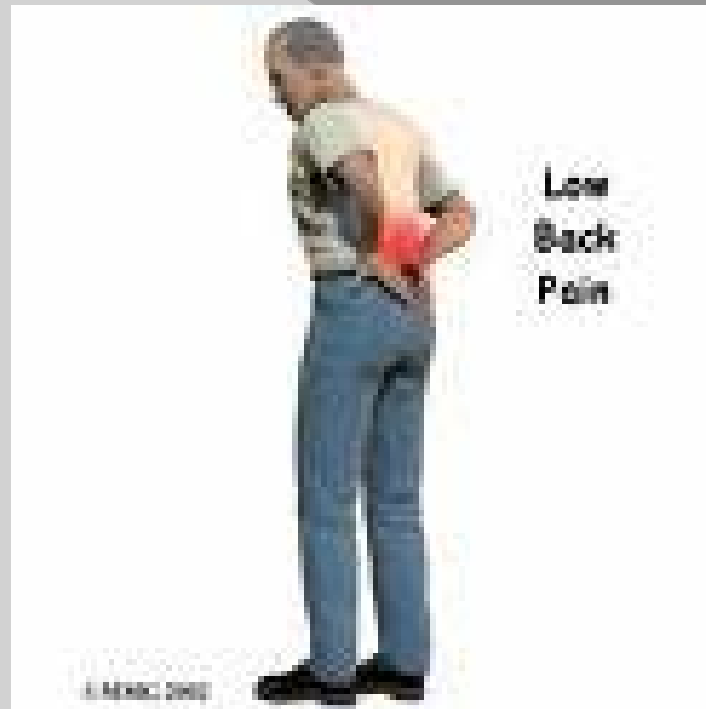


Clinical Prediction Rule (CPR)

- Classify Low Back Pain based on a CPR
- Manipulation/Exercise CPR (yes Manipulation/research)
 - If less than 14 days
 - No pain below the knee
 - FABQ less than 17
 - Hip IR < 35 (or asymmetrical)
 - Hypomobility Lx Spine

Results

- If Positive $4/5 = 92\%$ Success Rate
- If Positive $3/5 = 86\%$ Success Rate



Physical Therapy

Best First Choice for
Musculo-Skeletal
Care!

- Lowest cost
- Highest Quality



THE WALL STREET JOURNAL.
O N L I N E

Withdrawal Treatment

A Novel Plan Helps Hospital Wean Itself Off Pricey Tests

It Cajoles Big Insurer To Pay a Little More For Cheaper Therapies



Paths to Recovery

As Virginia Mason streamlined its approach to back-pain treatment, patients got in faster and employers and insurers saved money.

Old approach

Average cost \$2,100–\$2,200

The initial meeting might not happen for up to a month, and there is no set procedure for treatment



New approach

Average cost \$900–\$1,000

Immediately meets with doctor and therapist. Simple cases usually begin physical therapy



Physical therapy



Patients with complicated back pain are sent for additional treatment

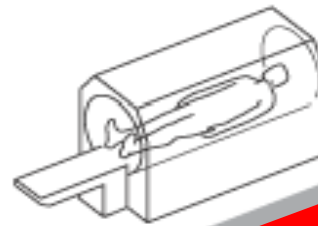
Initial meeting with doctors



Patient might see a specialist



Patient might undergo diagnostics, such as MRI



Patient follows up with doctors



Source: Aetna; Virginia Mason Medical Center



within 1 year



MRI's dropped by 1/3



Only 6% off work

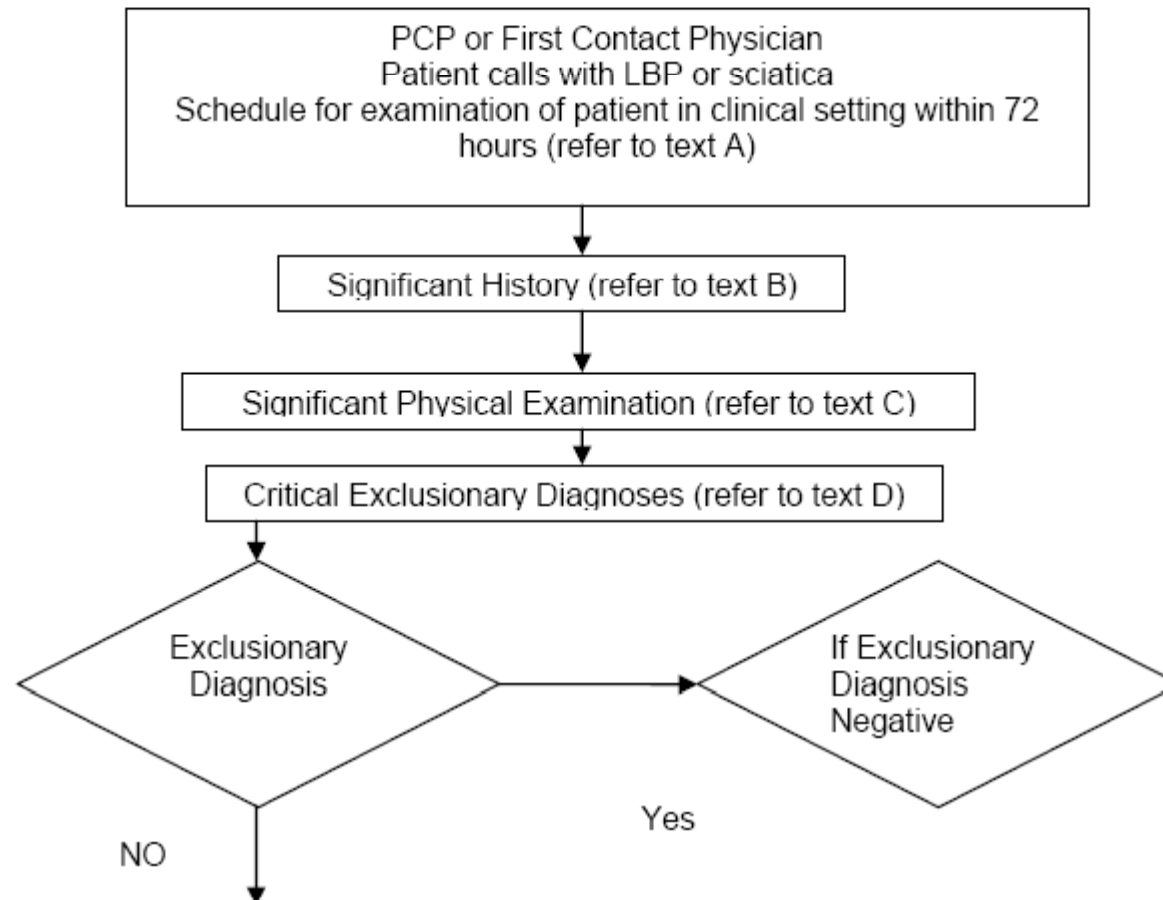


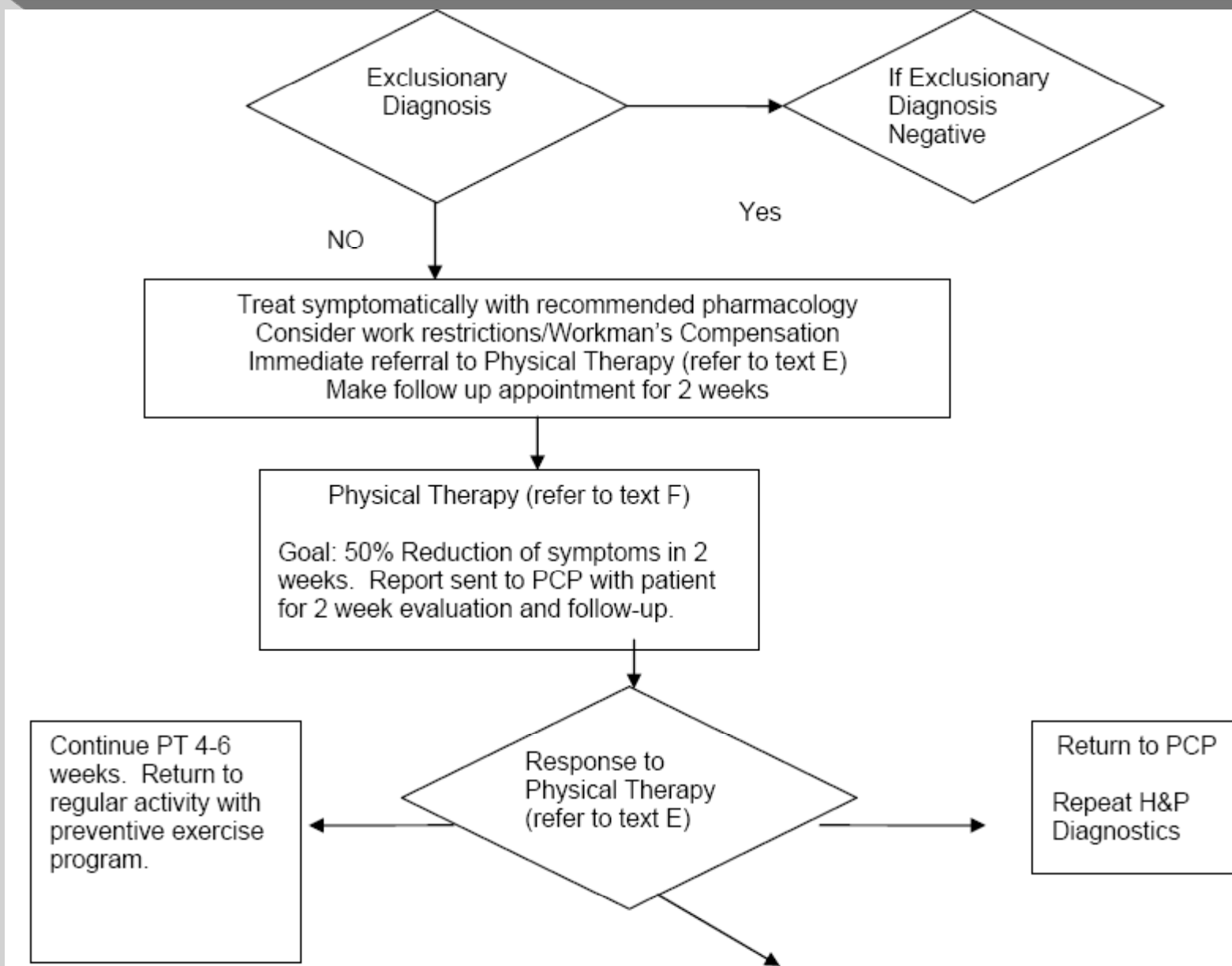
Costs reduced by 50%

University of Pittsburgh

UPMC HEALTH PLAN

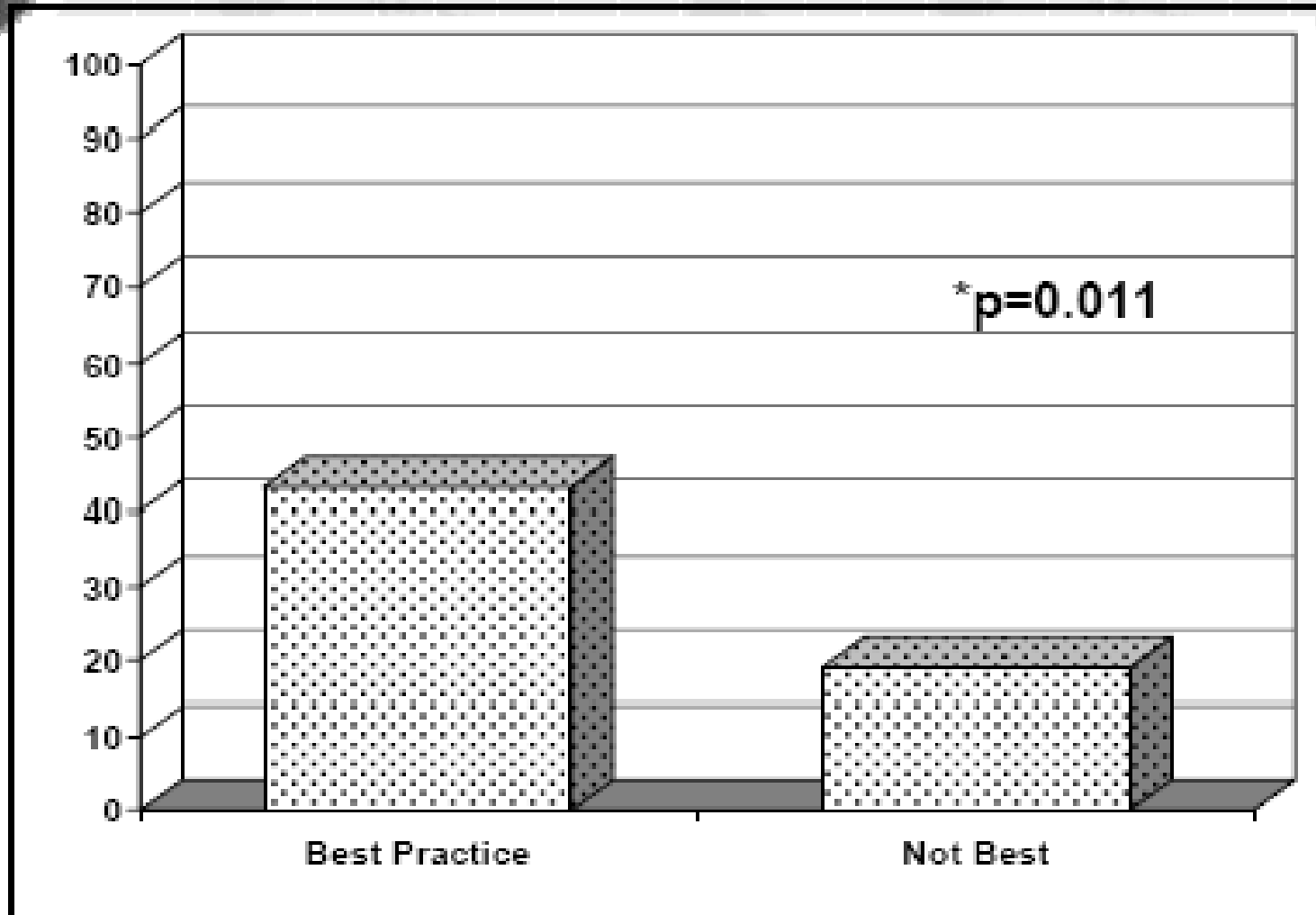
ADULT ACUTE LOW BACK PAIN ALGORITHM



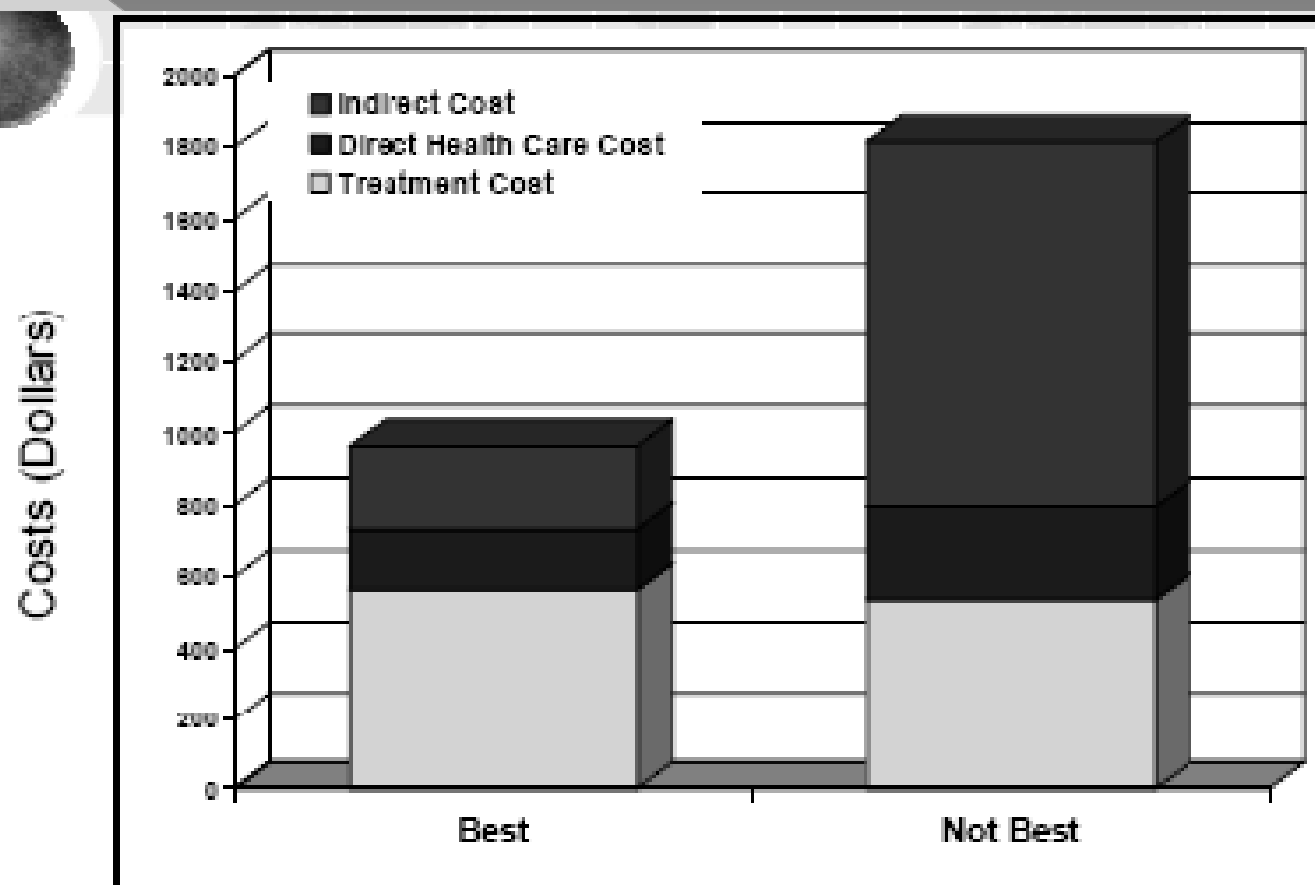


Does It Matter Which PT?

Perceived Recovery (>60% improvement NDI)



Is EBP Cost Effective?



Had best practice been used: \$1,951 savings other health care costs

\$13,464 savings indirect costs

Demand Outcome Measures

- Oswestry (ODI) –LB
- Neck Disability Index (NDI)
- Disability Arm Shoulder Arm (DASH)
- Lower Extremity Functional Scale (LEFS)
- Fear Avoidance Beliefs Questionnaire (FABQ)

FABQ: Fear Avoidance Belief Questionnaire



Where Do We Go From Here?



We Need a New Model

- Based on Evidence Based Practice
- Best Provider at Earliest Time
- Focused on Reducing Time
- PT as the Primary Care Provider for MSK problems

Physical Therapist??

BMC Musculoskeletal Disorders



Research article

Open Access

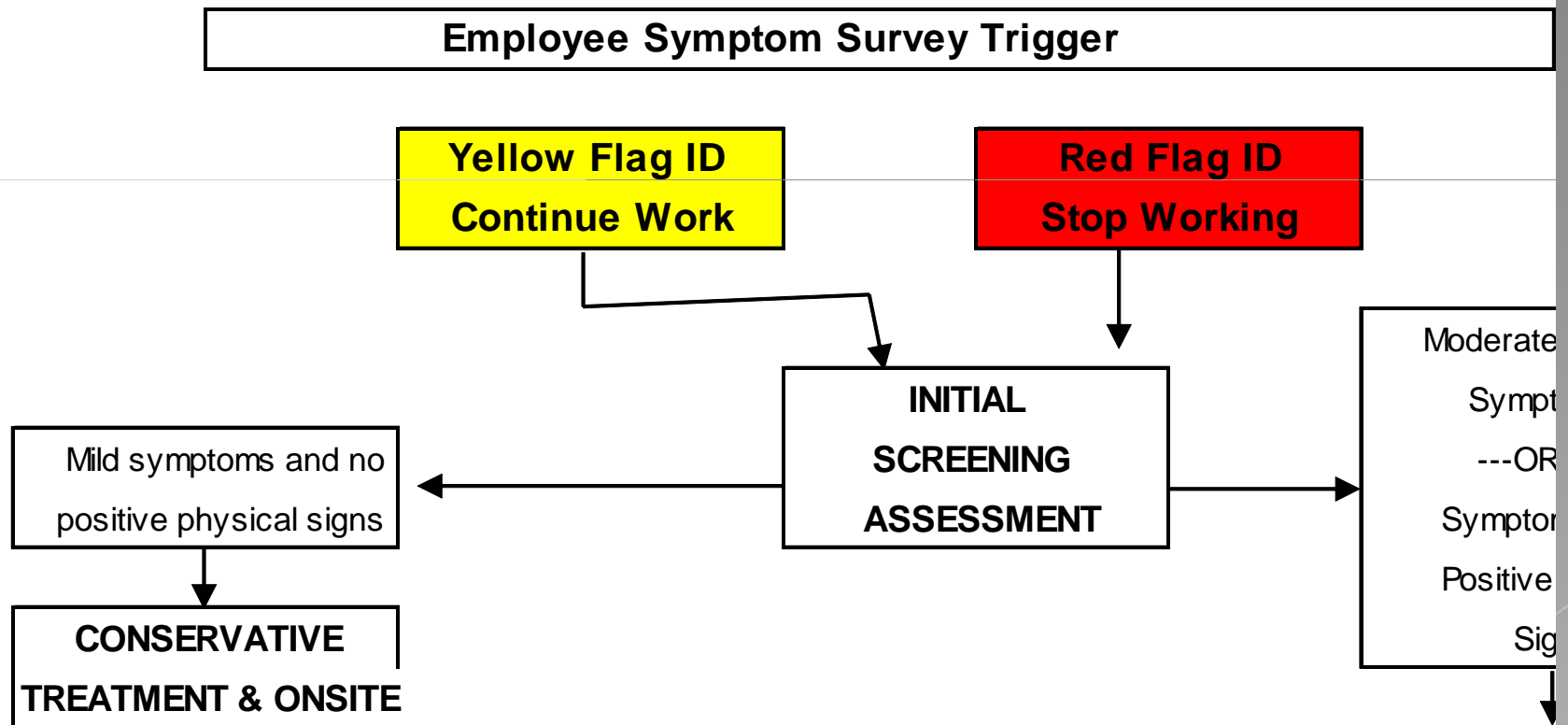
A description of physical therapists' knowledge in managing musculoskeletal conditions

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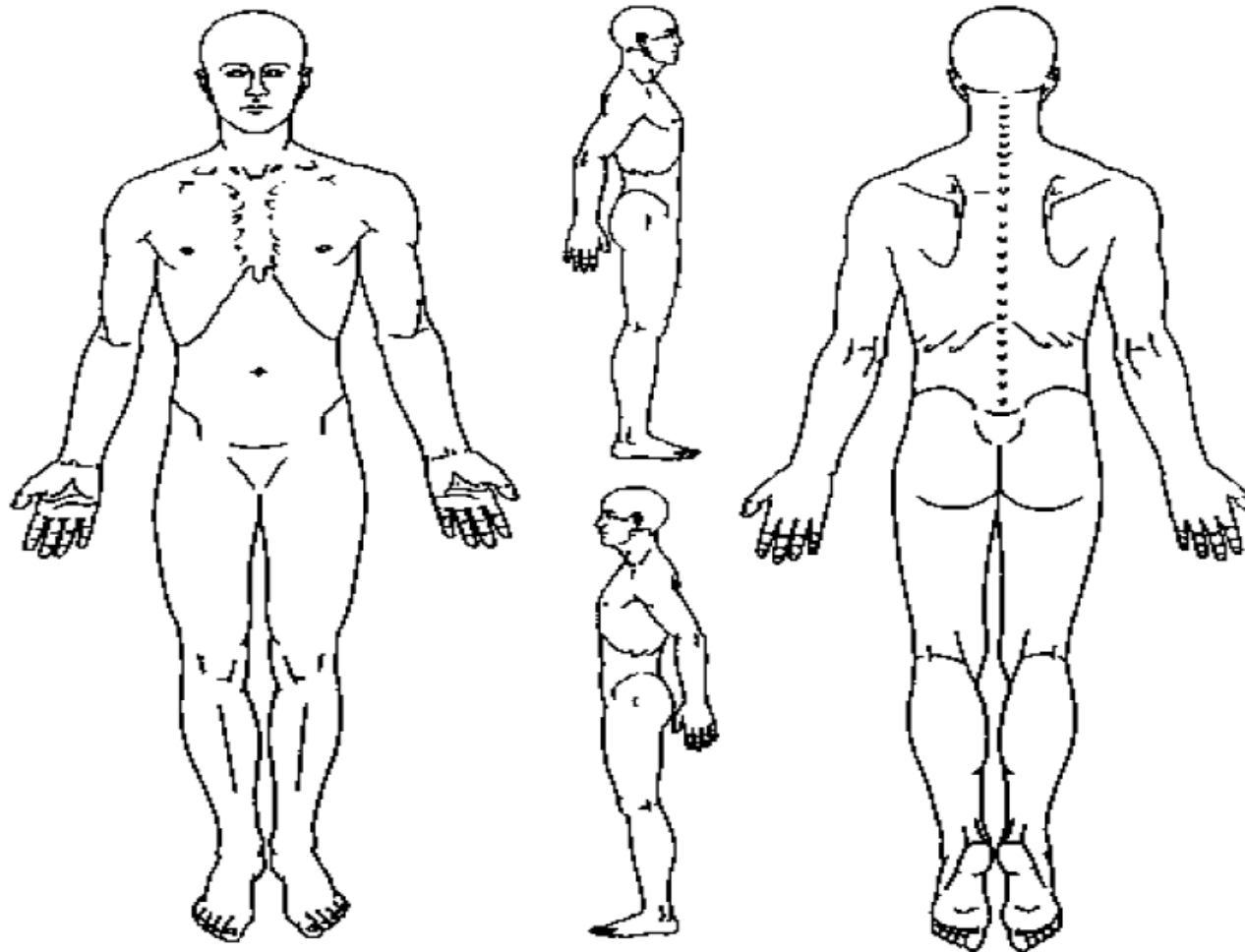
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**Goal: Stay within First Aid as defined by OSHA
and keep employees off OSHA 300 log in
majority of cases**

All Starts with the Symptom Survey

Not a Injury Report



A = ACHE

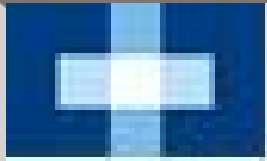
B = BURNING

N = NUMBNESS

P = PINS & NEEDLES

S = STABBING

O = OTHER



COVIDIEN

tyco / Healthcare

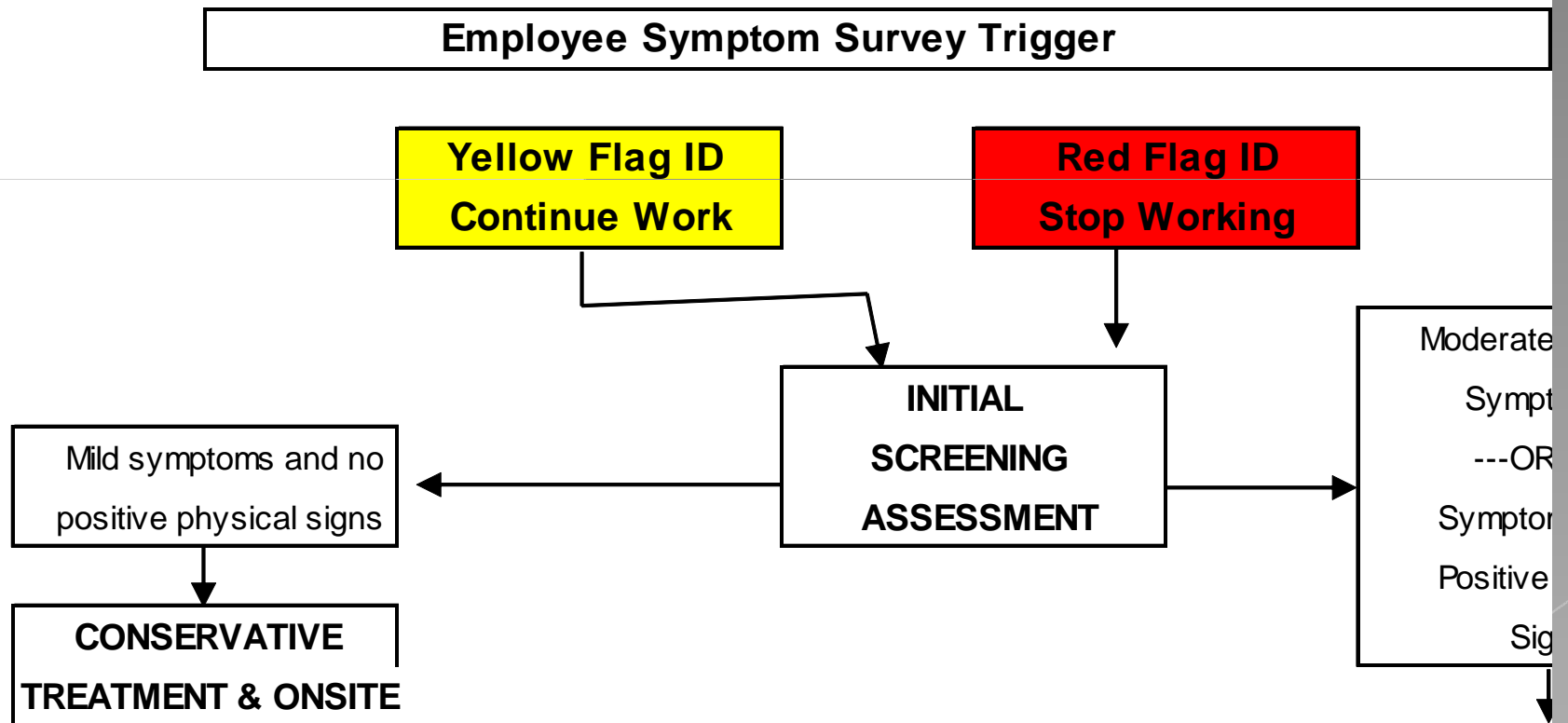
"The benefits of Jeff's system were immediately evident. Our actual results achieved after the first three years were as follows:

- 37 % reduction in total accidents
- 72 % reduction in lost time cases
- 72 % reduction in Cumulative Trauma Disorders
- 82 % reduction in Workers Compensation costs
- 95 % reduction in Employee days away from work

We have maintained these lower levels of both injuries and illnesses and significantly reduced workers compensation costs to this day." – *Dave Kelley, Manager Environment & Safety*

Con't:

- “Additional benefits have been in our enhanced ability to predict the duration of a person’s symptoms/restrictions based on severity of symptoms at the time they report. This has been based on actual experience over several years in dealing with particular symptoms types such as those associated with the development of some types of Tendonitis.
- Supervisory performance issues have often been identified as a result of symptom surveys. Issues with regards to proper scheduling of job rotation, Ergonomic work station design and other risk factors have come to light upon application of Root Cause Analysis of symptoms.”



In Workers' Comp the #1 Variable in Controlling Costs is TIME

- *Time it takes to report injuries*
- *Time it takes to get appropriate treatment*
- *Time it take to get appropriate tests*
- *Time it takes for RTW*

Time increases Indemnity and Indirect Costs, While Reducing the Likelihood of RTW

New Process

- 3 Triage Visits – using EBP Algorithms
- Greatly reduce time and reduce unnecessary medical treatment/testing
- If treatment is needed get them to appropriate provider and focus on most effective and least costly treatment plan
- ID issues early – FABQ
- “Get skeletons out of the closet”

Outcomes

- Keep Employees off the OSHA 300 Log – Triage model
- Keep/Get Employees at Work ASAP
- Best Practice (EBP) – Quality First!

Summary

- Need to stop PT that is not Evidence Based or backed up by functional outcomes – Use FABQ
- Need to follow the evidence and move PT to a primary care role.
- Need to look at Evidence Based Algorithms
- Move to addressing issues early via a Triage Model



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Questions/Feedback



**Thank You
Very Much!!!**

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